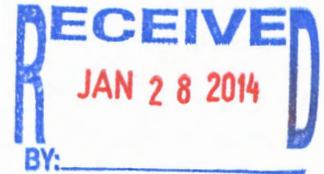




Government of the District of Columbia  
Department of Consumer and Regulatory Affairs

Permit Operations Division  
1100 4th Street SW  
Washington DC 20024

Tel. (202) 442 - 4589 Fax (202) 442 - 4862  
TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 9557



Date: December 12, 2014

Cap Id: R1500037

**D.C. Historic Preservation Office**  
1100 4th Street S.W. , Rm E650  
Washington, DC 20024

**Re: Request for clearance of premises subject to razing operations**

An application to raze the structure identified below, located in the District of Columbia, was filed on this date with the Permit Operations Division. Our records do not reveal any kind of conservation holds on this property. We are hereby requesting confirmation from your office, in order to release the subject permit.

Address:  
6100 GEORGIA AVE NW

LOT: 0802 SQUARE: 2940 TYPE: VACANT:

Please notify our office of the satisfactory completion of your inspection of the premises, by filling out the clearance section below and returning this form to the D.C.R.A. Permit Operations Division, 1100 4th Street S.W., Washington D.C. 20024.

**CLEARANCE**

This is to inform you that we researched our records concerning the structure identified above and we have no objections to proceeding with the proposed razing of said structure.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of releasing HPO Official. (print) \_\_\_\_\_

121500037



GOVERNMENT OF THE DISTRICT OF COLUMBIA

APPLICATION FOR  
RAZE PERMIT AND/OR SUPPLEMENTAL RAZING OPERATIONS PERMIT

DEPARTMENT OF CONSTRUCTION REGULATORY SERVICES

Please type or print legibly in ink. Provide **detailed information**. Write N/A (non-applicable) for items that do not apply. Erasing, crossing out, whiting out, or otherwise altering any entered information will void this application.

The owner of record must sign the application with an original signature.

Applicable code sections are in the 2003 DC Building Code Supplement Chapter I § 107.2.4 107.2.10 (5), and 110.1.

Application Date: \_\_\_\_\_

1. INFORMATION ON PROPERTY

1. Address of Proposed Work 6100 Georgia Ave, NW Washington DC 20011	2. Quad NW	3. Ward 4	4a. Square 2940	4b. Suffix	5. Lot 0802
---	---------------	--------------	--------------------	------------	----------------

2. APPLICANT INFORMATION

6. Property Owner Emory United Methodist Church	7. Complete mailing address (include zip) 6100 Georgia Ave, NW Washington DC, 20011	8. Phone Number(s) 202-723-3130	9. Email info@emoryfellowship.org
10. Agent/Contractor for Owner (if applicable) Kim Mitchell CDKM Consulting, LLC	11. Complete mailing address (include zip) 1615 New Hampshire, NW Washington DC, 20009	12. Phone Number(s) 202-332-0090	13. Email kim@cdkmconsulting.com

3. TYPE OF PERMIT

14. Check all that apply: <input checked="" type="checkbox"/> Raze Permit <input checked="" type="checkbox"/> Supplemental Razing Operations Permit
--

4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling) 2 story concrete church		16. Existing Number of Stories of Bldg: 2	
17. Use(s) of Property (specifically indicate if any use is residential.) The property is used as a Church		18. Materials of Building (brick, wood, etc.) stone, stucco, concrete skin: wood and steel framing	
19. Bldg Length (ft) 129.5'	20. Bldg Width (ft) 62.8'	21. Bldg Height (ft) 36'-0"	22. Bldg Volume (cu ft) (L x W x H) 292,772 cu ft

OFFICIAL USE ONLY

--

**SECTION A. RAZE PERMIT**

23. Raze Contractor's Name Hamel Builders		24. Contractor's Address (including zip code) 5710 Furnace Ave, Suite H Elkridge, MD 21075		25. Contractor's Phone 410-379-6700	
26. Historic District?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		33. Raze Contractor Signature	
27. Fine Arts District?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		34. Property Owner Signature	
28. Raze Entire Building?		<del>XXX</del> Yes <input checked="" type="checkbox"/> No			
29. Building Condemned?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30b. If yes, adjacent property owner signature is required.	
30a. Party Wall?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		-----	
31. Building Vacant?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Building must be vacant before Supplemental Raze Operations Permit issuance.	
32. Public Space Vault?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Official Use Only</b>	
		Fee		By	
				Date	

**SECTION B. SUPPLEMENTAL RAZE OPERATIONS PERMIT**

35. Raze Contractor's Name Hamel Builders		36. Contractor's Address (including zip code) 5710 Furnace Ave, Suite H Elkridge, MD 21075		37. Contractor's Phone 410-379-6700	
38. Plumber's Name MAGNOLIA PLUMBING, INC.		39. Plumber's License Number 512		40. Raze Method (ball, bulldozer, by hand, etc.) Excavation, etc.	

1. You must submit a Certificate of Insurance covering the raze operation/contractor- unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.

2. The Certificate should:

- Show the holder of the insurance as: Deputy Director, Permit Division, 941 North Capitol St NE, Washington, DC 20002
- Include a 30-day advance notice cancellation clause.
- Include these amounts of insurance coverage: Bodily Injury, \$100,000; Aggregate, \$300,000; and Property Damage, \$100,000.
- State that the insurance covers "Razing Operations in the District of Columbia," if the scope of the insurance is for blanket coverage.
- If the insurance is for one specific address only, state that, "Razing Operations at 6100 Georgia Ave, NW (address of raze operation)

41. Insurance Company SELECTIVE WAY INSURANCE CO.		42. Policy or Certificate No. S1364715		43. Expiration Date 11/1/2015	
44. Historic District?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		52. Raze Contractor Signature	
45. Fine Arts District?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		53. Property Owner Signature	
46. Raze Entire Building?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
47. Building Condemned?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47b. If you answer yes, adjacent property owner must sign here.	
48a. Party Wall?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47c. Any raze permit application for a building(s) involving party walls must include 2 copies of a plan that shows how the party wall(s) will be protected.	
49. Building Vacant?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Building must be vacant before Supplemental Raze Operations Permit issuance.	
50. Public Space Vault?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Official Use Only</b>	
51. Asbestos in Building? If yes, indicate location: Basement		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Fee	
				By	
				Date	

GOVERNMENT OF THE DISTRICT OF COLUMBIA
CERTIFICATION FOR RAZE PERMIT APPLICATION

This certifies that Emory United Methodist Church (referred to as Owner) owns the property at 6100 Georgia Ave, NW WDC 20011 and that the person signing below has the legal authority to execute this Certification

and to make the representations and certifications below, on behalf of the Owner:

- I am applying for a Raze Permit and intend to apply for a Supplemental Razing Operations Permit.
I understand that the Raze Permit does not authorize any raze activity on the Property and that DCRA must grant me a Supplemental Razing Operations Permit before I can start any raze activity or operations.
I understand that a Raze Permit merely allows me to go to the next step in the raze process -- to get the required clearances and releases for a Supplemental Razing Operations Permit.

If I do not have a Raze Permit and a Razing Operations Permit before I start any activity or operations to raze the structure, I will be subject to criminal or civil penalties under District of Columbia laws.

[Signature] (Initial here to certify that you have read and understand this paragraph)

A. Use of Property as Housing Accommodation

I hereby certify that the structure to be razed is not a housing accommodation.

If the structure is a housing accommodation, complete Section B. If the structure is not a housing accommodation, skip to Section C and the signature block.

B. Additional Provisions Applicable to Razing of "Housing Accommodations"

I agree, in accordance with DC Official Code (DCOC) §§ 42-3506.02(a)-(b) and 14 DCMR § 4400.2, not to use the permits to:

- Demolish any housing accommodation or rental unit for the purpose of constructing or expanding a hotel, motel, inn, or other transient residential accommodation.
Construct or expand a hotel, motel, inn, or other transient residential occupancy on the site of a housing accommodation or rental unit demolished after July 17, 1985.

[Signature] (Initial here to certify that you have read and understand this paragraph)

I acknowledge that I must comply with the requirements in the "Tenants Opportunity to Purchase Act," codified in DCOC § 42-3404.02, et seq., and in subchapter VII of the "Rental Housing Act," codified in DCOC §§ 42-3507.01 to 42-3507.03 with implementing regulations in 14 DCMR § 4401. These requirements include, but are not limited to:

- Providing tenants with an opportunity to purchase the housing accommodation, via a written copy of an offer for sale, before issuing a Notice to Vacate for purposes of demolition or discontinuance of housing use.
Providing tenants with a 180-day Notice to Vacate that complies with and notifies each tenant of his/her potential right to relocation assistance.

[Signature] (Initial here to certify that you have read and understand this paragraph)

C. Execution and Certification Applicable to All Applicants

I certify that I have read and understand the requirements in this certification and that any representations I made here are true and accurate to the best of my knowledge. If I fail to follow the above requirements, I acknowledge that this application, and any permits issued as a result of it, may be revoked under DCRA's authority and discretion. I acknowledge that I have been advised that failure to get a Supplemental Razing Operations Permit before I start operations to raze the structure may subject me to criminal and/or civil penalties.

Name of Owner: Alisa Molyneux (Print Name of Owner)

Signature: [Signature]

Name of Agent: (Print Name of Authorized Agent)

Signature: \_\_\_\_\_

I, Aster Tekle, a Notary Public in and for the District of Columbia, do hereby certify that Alisa D. Molyneux (Signatory) whose name is signed to this Certification with the date of the 10 day of Dec, 2014, personally appeared before me in the District, the said Signatory is personally well known to me as the person who executed the said Certification, and acknowledged the same to be his act and deed. The Signatory did make oath that he has carefully read and fully understand the same; his execution was voluntary.

ASTER TEKLE
NOTARY PUBLIC DISTRICT OF COLUMBIA
My Commission Expires February 14, 2019

Given under my hand and official seal this 10th day of Dec, 2014.

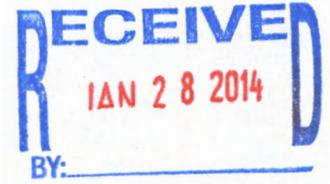
[Signature]
NOTARY PUBLIC



**Government of the District of Columbia  
Department of Consumer and Regulatory Affairs**

Permit Operations Division  
1100 4th Street SW  
Washington DC 20024  
Tel. (202) 442 - 4589 Fax (202) 442 - 4862  
TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 9557

*3rd fl w  
C+H*



Date: January 22, 2015

Cap Id: R1500049

**D.C. Historic Preservation Office**  
1100 4th Street S.W. , Rm E650  
Washington, DC 20024

**Re: Request for clearance of premises subject to razing operations**

An application to raze the structure identified below, located in the District of Columbia, was filed on this date with the Permit Operations Division. Our records do not reveal any kind of conservation holds on this property. We are hereby requesting confirmation from your office, in order to release the subject permit.

Address:  
4319 E ST SE

LOT: 0131 SQUARE: 5394 TYPE: VACANT: **Yes**

Please notify our office of the satisfactory completion of your inspection of the premises, by filling out the clearance section below and returning this form to the D.C.R.A. Permit Operations Division, 1100 4th Street S.W., Washington D.C. 20024.

**CLEARANCE**

This is to inform you that we researched our records concerning the structure identified above and we have no objections to proceeding with the proposed razing of said structure.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of releasing HPO Official. (print) \_\_\_\_\_



# APPLICATION FOR RAZE PERMIT

Application can be downloaded and is fillable except for signature area. If not filling out on computer, please type or print legibly in ink. Please provide detailed information. Write N/A (non-applicable) for items that do not apply. Erasing, crossing out, whitening out, or otherwise altering any entered information will void this application. The owner of record must sign the application with an original signature.

Applicable code sections are in the 2008 DC Building Code Supplement Chapter 1 § 105.1.7, 105.1.7.1, 105.1.7.1.1, 105.1.7.1.2, 105.1.7.2, and Section 155A.

R 15 000 49

Application Date: January 19, 2015

## 1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
4319 E STREET WASHINGTON, DC 20019	SE	One 7	5394	N/A	131

## 2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
BUTANI, RAMESH	2021 SHANNON PLACE WASHINGTON DC 20020	(202) 889-8400	BUTANI@HRGM.COM*
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
UMESH NAIK	HERNDON, VA 12913 ALTON SQ. 20171	703-801-4836	CAPLUSONE@yahoo.com

## 3. TYPE OF PERMIT

14. Check all that apply:

Raze Permit

## 4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)	16. Existing Number of Stories of Bldg:		
1 - STORY FRAME & BLOCK	1 (ONE)		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
RESIDENTIAL	WOOD & BLOCK		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
23'-3"	29'-5"	8'-6"	5,813.46

## OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

**SECTION A. RAZE PERMIT**

23. Raze Contractor's Name <b>HRGM</b>	24. Contractor's Address (including zip code) <b>2021 SHANNON PLACE SE WASHINGTON, DC 20024</b>	25. Contractor's Phone <b>(202) 889-8400</b>
---	--	---

26. Historic District? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27. CFA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. Raze Contractor Signature
28. Raze Entire Building? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	29. Building Condemned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
30a. Party Wall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	34. Property Owner Signature	
31. Building Vacant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	30b. If yes, adjacent property owner signature is required.	
32. Public Space Vault? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.	
<b>Official Use Only</b>		
Fee	By	Date

33. Plumber's Name <b>JARONE SCOTT</b>	34. Plumber's License Number <b>PC100214</b>	35. Raze Method (ball, bulldozer, by hand, etc.) <b>HAND</b>
---	---	---

1. You must submit a Certificate of Insurance covering the raze operation/contractor- unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.

2. The Certificate should:

- Show the holder of the insurance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024
- Include a 30-day advance notice cancellation clause.
- Include these amounts of insurance coverage: Bodily Injury, \$100,000; Aggregate, \$300,000; and Property Damage, \$100,000.
- State that the insurance covers "Razing Operations in the District of Columbia," if the scope of the insurance is for blanket coverage.
- If the insurance is for one specific address only, state that, "Razing Operations at **4319 E STREET SE. WASH DC 2001** (address of raze operation)

36. Insurance Company <b>HARLEYSVILLE MUTUAL</b>	37. Policy or Certificate No. <b>GL197964</b>	38. Expiration Date <b>1/13/2016</b>
---	--	---

39. Asbestos in Building? If yes, indicate location: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Official Use Only</b>	
Fee	By	Date

# Landtech Associates Inc.

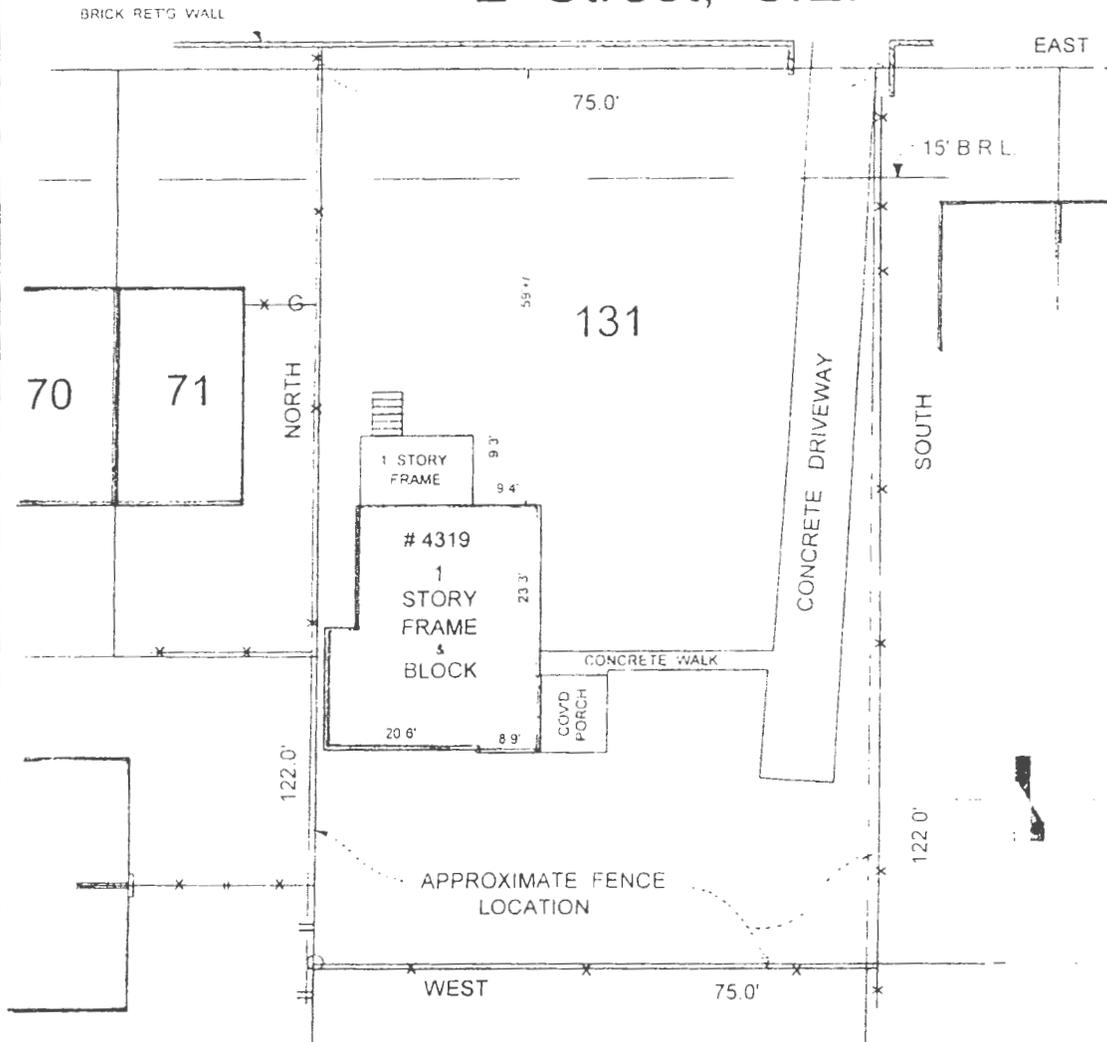
10260 Old Columbia Road Rivers Center-Suite J

Columbia MD 21046

Phone: 410-290-8099 Fax: 410-290-8299

NOTE: NOT TO BE USED FOR ISSUANCE OF PERMITS

## E Street, S.E.



Square:  
5394

Location Survey:  
**# 4319 E Street, S.E.**  
Washington, D.C.

LOT:	131	SQUARE:	5394
LIBER:	170	FOLIO:	37
DATE:	06/07/12	SCALE:	1' = 20'
CASE NO.:	12121	FILE NO:	LT 2121040

Certification : I hereby certify that the position of all existing visible improvements on the above described property has been carefully established in relation to the apparent title lines and that, unless otherwise shown, there are no visible encroachments. This is not a property line survey and should not be used for the erection of fences or any other improvements or for permit applications, (No title report furnished)

*Graden A. Rogers*

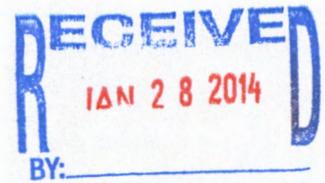
GRADEN A. ROGERS - D.C. Land Surveyor Lic. LS900374



Government of the District of Columbia  
Department of Consumer and Regulatory Affairs

Permit Operations Division  
1100 4th Street SW  
Washington DC 20024

Tel. (202) 442 - 4589 Fax (202) 442 - 4862  
TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 9557



Date: January 26, 2015

Cap Id: R1500052

**D.C. Historic Preservation Office**  
1100 4th Street S.W. , Rm E650  
Washington, DC 20024

**Re: Request for clearance of premises subject to razing operations**

An application to raze the structure identified below, located in the District of Columbia, was filed on this date with the Permit Operations Division. Our records do not reveal any kind of conservation holds on this property. We are hereby requesting confirmation from your office, in order to release the subject permit.

Address:  
1440 1450 V ST NW

LOT: **0208** SQUARE: **0204** TYPE: \_\_\_\_\_ VACANT: **No**

Please notify our office of the satisfactory completion of your inspection of the premises, by filling out the clearance section below and returning this form to the D.C.R.A. Permit Operations Division, 1100 4th Street S.W., Washington D.C. 20024.

**CLEARANCE**

This is to inform you that we researched our records concerning the structure identified above and we have no objections to proceeding with the proposed razing of said structure.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of releasing HPO Official. (print) \_\_\_\_\_



# APPLICATION FOR RAZE PERMIT

*HISTORIC*

Application can be downloaded and is fillable except for signature area. If not filling out on computer, please type or print legibly in ink. Please provide **detailed information**. Write N/A (non-applicable) for items that do not apply. Erasing, crossing out, whiting out, or otherwise altering any entered information will void this application. The owner of record must sign the application with an original signature.

Applicable code sections are in the 2008 DC Building Code Supplement Chapter 1 § 105.1.7, 105.1.7.1, 105.1.7.1.1, 105.1.7.1.2, 105.1.7.2, and Section 155A.

*R1500052*

Application Date: 1/19/2015

### 1. INFORMATION ON PROPERTY

1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1440/1450 V Street, NW Washington DC 20009	NW	One	0204		0208

### 2. APPLICANT INFORMATION

6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Portner Place, LLC	LA Semeroff Development Company 4415 Wisconsin Ave, NW Suite 210 Washington DC 20007	202-363-2090	akumar@semersc.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
<i>Rance Marut</i>	3540 D. Valley St 031, VA 22107	703-929-7997	

### 3. TYPE OF PERMIT

14. Check all that apply:

Raze Permit

### 4. DESCRIPTION OF BUILDING

15. Description of Building to be Razed (e.g., two story brick single family dwelling)	16. Existing Number of Stories of Bldg:		
Three story brick multifamily building.	3		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
Residential	Brick, Wood		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
112'-2"	40'-8"	35'	159,668

### OFFICIAL USE ONLY

CONDITIONS/ COMMENTS

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
**CERTIFICATION FOR  
RAZE PERMIT APPLICATION**

This certifies that Portner Place, LLC (referred to as Owner) owns the property at  
(Legal Name of Property Owner)  
1440/1450 V Street, NW and that the person signing below has the legal authority to execute this Certification  
(Property Address)

and to make the representations and certifications below, on behalf of the Owner:  
I am applying for a Raze Permit for the subject property.  
I understand that the Raze Permit must be issued prior to any raze activity or operations.  
If I do not have a Raze Permit before I start any activity or operations to raze the structure, I will be subject to criminal or civil penalties under District of Columbia laws.  
(Initial here to certify that you have read and understand this paragraph)

---

**A. Use of Property as Housing Accommodation**  
I hereby certify that the structure to be razed is a housing accommodation.  
(is/is not)  
If the structure is a housing accommodation, complete Section B. If the structure is not a housing accommodation, skip to Section C and the signature block.

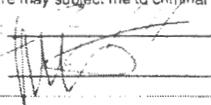
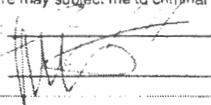
---

**B. Additional Provisions Applicable to Razing of "Housing Accommodations"**  
I agree, in accordance with DC Official Code (DCOC) §§ 42-3506.02(a)-(b) and 14 DCMR § 4400.2 not to use the permits to  
Demolish any housing accommodation or rental unit for the purpose of constructing or expanding a hotel, motel, inn, or other transient residential accommodation.  
Construct or expand a hotel, motel, inn, or other transient residential occupancy on the site of a housing accommodation or rental unit demolished after July 17, 1985.  
(Initial here to certify that you have read and understand this paragraph)

I acknowledge that I must comply with the requirements in the "Tenants Opportunity to Purchase Act," codified in DCOC § 42-3404.02, *et seq.*, and in subchapter VII of the "Rental Housing Act," codified in DCOC §§ 42-3507.01 to 42-3507.03 with implementing regulations in 14 DCMR § 4401. These requirements include, but are not limited to:  
Providing tenants with an opportunity to purchase the housing accommodation, via a written copy of an offer for sale, before issuing a Notice to Vacate for purposes of demolition or discontinuance of housing use.  
Providing tenants with a 180-day Notice to Vacate that complies with and notifies each tenant of his/her potential right to relocation assistance.  
(Initial here to certify that you have read and understand this paragraph)

---

**C. Execution and Certification Applicable to All Applicants**  
I certify that I have read and understand the requirements in this certification and that any representations I made here are true and accurate to the best of my knowledge. If I fail to follow the above requirements, I acknowledge that this application, and any permits issued as a result of it, may be revoked under DCRA's authority and discretion. I acknowledge that I have been advised that failure to get a Raze Permit before I start operations to raze the structure may subject me to criminal and/or civil penalties.

Name of Owner: Jim Campbell Signature:   
(Print Name of Owner)  
Name of Agent: Jim Campbell Signature:   
(Print Name of Authorized Agent)

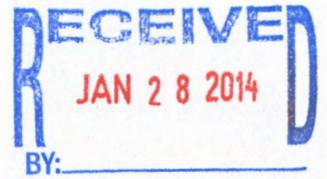
SECTION A. RAZE PERMIT		
23. Raze Contractor's Name	24. Contractor's Address (including zip code)	25. Contractor's Phone
26. Historic District?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	33. Raze Contractor Signature
27. CFA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
30a. Party Wall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	34. Property Owner Signature
31. Building Vacant?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30b. If yes, adjacent property owner signature is required.
32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.
<b>Official Use Only</b>		
Building must be vacant before Raze Permit issuance.		
Fee _____ By _____ Date _____		
33. Plumber's Name	34. Plumber's License Number	35. Raze Method (ball, bulldozer, by hand, etc.)
<p>1. You must submit a Certificate of Insurance covering the raze operation/contractor— unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.</p> <p>2. The Certificate should:</p> <ul style="list-style-type: none"> <li>• Show the holder of the insurance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024</li> <li>• Include a 30-day advance notice cancellation clause.</li> <li>• Include these amounts of insurance coverage: Bodily Injury, \$100,000; Aggregate, \$300,000; and Property Damage, \$100,000.</li> <li>• State that the insurance covers "Razing Operations in the District of Columbia," if the scope of the insurance is for blanket coverage.</li> <li>• If the insurance is for one specific address only, state that, "Razing Operations at _____ (address of raze operation)"</li> </ul>		
36. Insurance Company	37. Policy or Certificate No.	38. Expiration Date
39. Asbestos in Building?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Official Use Only</b>
If yes, indicate location.		
Fee _____ By _____ Date _____		



Government of the District of Columbia  
Department of Consumer and Regulatory Affairs

Permit Operations Division  
1100 4th Street SW  
Washington DC 20024

Tel. (202) 442 - 4589 Fax (202) 442 - 4862  
TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 9557



Date: January 26, 2015

Cap Id: R1500054

**D.C. Historic Preservation Office**  
1100 4th Street S.W. , Rm E650  
Washington, DC 20024

**Re: Request for clearance of premises subject to razing operations**

An application to raze the structure identified below, located in the District of Columbia, was filed on this date with the Permit Operations Division. Our records do not reveal any kind of conservation holds on this property. We are hereby requesting confirmation from your office, in order to release the subject permit.

Address:  
1443 1441 U ST NW

LOT: 0208 SQUARE: 0204 TYPE: VACANT: No

Please notify our office of the satisfactory completion of your inspection of the premises, by filling out the clearance section below and returning this form to the D.C.R.A. Permit Operations Division, 1100 4th Street S.W., Washington D.C. 20024.

**CLEARANCE**

This is to inform you that we researched our records concerning the structure identified above and we have no objections to proceeding with the proposed razing of said structure.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of releasing HPO Official. (print) \_\_\_\_\_



# APPLICATION FOR RAZE PERMIT

*HISTORIC*

This form can be downloaded and is fillable except for signature area. If not filling out on computer, please type or print legibly. Please provide detailed information. Write N/A (non-applicable) for items that do not apply. Erasing, crossing out, scribbling out, or otherwise altering any entered information will void this application. The owner of record must sign the application with an original signature.

Applicable code sections are in the 2008 DC Building Code Supplement Chapter 1 § 105.1.7, 105.1.7.1, 105.1.7.1.1, 105.1.7.1.2, 105.1.7.2, and Section 155A.

*R15 000 54*

Application Date: 1/19/2015

1. INFORMATION ON PROPERTY					
1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	4b. Suffix	5. Lot
1441/1443 U Street, NW Washington DC 20009	NW	One	0204		0208

2. APPLICANT INFORMATION			
6. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Partner Place, LLC	APARTMENT DEVELOPMENT COMPANY 1815 10th Street NW Washington DC 20018	202-363-2090	r.kramer@partnerplace.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
<i>James M. Miller</i>	<i>3540 R. Valley St</i>	<i>202-271-1111</i>	

3. TYPE OF PERMIT
14. Check all that apply: <input checked="" type="checkbox"/> Raze Permit

4. DESCRIPTION OF BUILDING			
15. Description of building to be Razed (e.g., two story brick single family dwelling)	16. Existing Number of Stories of Bldg.		
Three story brick multifamily building.	3		
17. Use(s) of Property (specifically indicate if any use is residential.)	18. Materials of Building (brick, wood, etc.)		
Residential	Brick, Wood		
19. Bldg Length (ft)	20. Bldg Width (ft)	21. Bldg Height (ft)	22. Bldg Volume (cu ft) (L x W x H)
120'-9"	40'-8"	35'	171,882

OFFICIAL USE ONLY
CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT		
25. Raze Contractor's Name	24. Contractor's Address (Including zip code)	26. Contractor's Phone
26. Historic District? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		33. Raze Contractor Signature
27. CFA? <input type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature <i>[Signature]</i>	
28. Raze Entire Building? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	30b. If yes, adjacent property owner signature is required.	
29. Building Condemned? <input type="checkbox"/> Yes <input type="checkbox"/> No	30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected	
30a. Party Wall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Building must be vacant before Raze Permit issuance.	
31. Building Vacant? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Official Use Only</b>	
32. Public Space Vault? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fee	By _____ Date
33. Member's Name	34. Member's License Number	35. Raze Method (ball, bulldozer, by hand, etc.)
<p>1. You must submit a Certificate of Insurance covering the raze operation/contractor— unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.</p> <p>2. The Certificate should:</p> <ul style="list-style-type: none"> <li>• Show the holder of the insurance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024</li> <li>• Include a 30-day advance notice cancellation clause.</li> <li>• Include these amounts of insurance coverage: Bodily Injury, \$100,000; Aggregate, \$300,000; and Property Damage, \$100,000.</li> <li>• State that the insurance covers "Razing Operations in the District of Columbia," if the scope of the insurance is for blanket coverage.</li> <li>• If the insurance is for one specific address only, state that, "Razing Operations at _____ (address of raze operation)"</li> </ul>		
36. Insurance Company	37. Policy or Certificate No.	38. Expiration Date
39. Asbestos in Building? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Official Use Only</b>	
If yes, indicate location:	Fee	By _____ Date

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
**CERTIFICATION FOR  
RAZE PERMIT APPLICATION**

This certifies that Portner Place, LLC (referred to as Owner) owns the property at  
(Legal Name of Property Owner)  
1441/1443 U Street, NW and that the person signing below has the legal authority to execute this Certification  
(Property Address)  
and to make the representations and certifications below, on behalf of the Owner:  
I am applying for a Raze Permit for the subject property.  
I understand that the Raze Permit must be issued prior to any raze activity or operations.  
If I do not have a Raze Permit before I start any activity or operations to raze the structure, I will be subject to criminal or civil penalties under District of Columbia laws.  
\_\_\_\_\_  
(Initial here to certify that you have read and understand this paragraph)

**A. Use of Property as Housing Accommodation**  
I hereby certify that the structure to be razed  IS a housing accommodation.  
(is/is not)  
If the structure is a housing accommodation, complete Section B. If the structure is *not* a housing accommodation, skip to Section C and the signature block.

**B. Additional Provisions Applicable to Razing of "Housing Accommodations"**  
I agree, in accordance with DC Official Code (DCOC) §§ 42-3506.02(a)-(b) and 14 DCMR § 4400.2, not to use the permits to:  
Demolish any housing accommodation or rental unit for the purpose of constructing or expanding a hotel, motel, inn, or other transient residential accommodation.  
Construct or expand a hotel, motel, inn, or other transient residential occupancy on the site of a housing accommodation or rental unit demolished after July 17, 1985.  
\_\_\_\_\_  
(Initial here to certify that you have read and understand this paragraph)  
I acknowledge that I must comply with the requirements in the "Tenants Opportunity to Purchase Act" codified in DCOC § 42-3404.02, *et seq.*, and in subchapter VII of the "Rental Housing Act," codified in DCOC §§ 42-3507.01 to 42-3507.03 with implementing regulations in 14 DCMR § 4401. These requirements include, but are not limited to:  
Providing tenants with an opportunity to purchase the housing accommodation, via a written copy of an offer for sale, *before* issuing a Notice to Vacate for purposes of demolition or discontinuance of housing use.  
Providing tenants with a 180-day Notice to Vacate that complies with and notifies each tenant of his/her potential right to relocation assistance.  
\_\_\_\_\_  
(Initial here to certify that you have read and understand this paragraph)

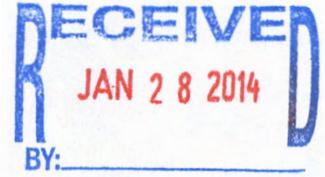
**C. Execution and Certification Applicable to All Applicants**  
I certify that I have read and understand the requirements in this certification and that any representations I made here are true and accurate to the best of my knowledge. If I fail to follow the above requirements, I acknowledge that this application, and any permits issued as a result of it, may be revoked under DCRA's authority and discretion. I acknowledge that I have been advised that failure to get a Raze Permit before I start operations to raze the structure may subject me to criminal and/or civil penalties.  
Name of Owner: Jim Campbell Signature: \_\_\_\_\_  
(Print Name of Owner)  
Name of Agent: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Print Name of Authorized Agent)



Government of the District of Columbia  
Department of Consumer and Regulatory Affairs

Permit Operations Division  
1100 4th Street SW  
Washington DC 20024

Tel. (202) 442 - 4589 Fax (202) 442 - 4862  
TO SCHEDULE INSPECTIONS PLEASE CALL (202) 442 9557



Date: January 28, 2015

Cap Id: R1500053

**D.C. Historic Preservation Office**  
1100 4th Street S.W. , Rm E650  
Washington, DC 20024

**Re: Request for clearance of premises subject to razing operations**

An application to raze the structure identified below, located in the District of Columbia, was filed on this date with the Permit Operations Division. Our records do not reveal any kind of conservation holds on this property. We are hereby requesting confirmation from your office, in order to release the subject permit.

Address:  
1447 1449 U ST NW

LOT: **0208** SQUARE: **0204** TYPE: VACANT: **No**

Please notify our office of the satisfactory completion of your inspection of the premises, by filling out the clearance section below and returning this form to the D.C.R.A. Permit Operations Division, 1100 4th Street S.W., Washington D.C. 20024.

**CLEARANCE**

This is to inform you that we researched our records concerning the structure identified above and we have no objections to proceeding with the proposed razing of said structure.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of releasing HPO Official. (print) \_\_\_\_\_



# APPLICATION FOR RAZE PERMIT

*HISTORIC*

Application can be downloaded and is fillable except for signature area. If not filling out on computer, please type or print legibly in ink. Please provide **detailed information**. Write N/A (non-applicable) for items that do not apply. Erasing, crossing out, whitening out, or otherwise altering any entered information will void this application. The owner of record must sign the application with an original signature.

Applicable code sections are in the 2008 DC Building Code Supplement Chapter 1 § 105.1.7, 105.1.7.1, 105.1.7.1.1, 105.1.7.1.2, 105.1.7.2, and Section 155A.

*R1500053* Application Date

1. INFORMATION ON PROPERTY				
1. Address of Proposed Work	2. Quad	3. Ward	4a. Square	5. Lot
1447/1449 U Street, NW Washington DC 20009	NW	One	0204	0208

2. APPLICANT INFORMATION			
8. Property Owner	7. Complete mailing address (include zip)	8. Phone Number(s)	9. Email
Partner Place, LLC	278 Somerset Development Company 1115 Wisconsin Ave, NW Suite 210 Washington DC 20005	202-363-2090	akamara@somersetdc.com
10. Agent/Contractor for Owner (if applicable)	11. Complete mailing address (include zip)	12. Phone Number(s)	13. Email
<i>James Miller</i>	340 N. Valley Rd Washington DC 20007	<i>202-271-7447</i>	

3. TYPE OF PERMIT

14. Check all that apply:  Raze Permit

4. DESCRIPTION OF BUILDING	
15. Description of Building to be Razed (e.g., two story brick single family dwelling): Three story brick multifamily building.	18. Existing Number of Stories of Bldg: 3
17. Use(s) of Property (specifically indicate if any use is residential): Residential	19. Materials of Building (brick, wood, etc.): Wood and Brick
20. Bldg Length (ft): 116'-6"	21. Bldg Height (ft): 35'
22. Bldg Width (ft): 40'-8"	22. Bldg Volume (cu ft) (L x W x H): 165,832

OFFICIAL USE ONLY

CONDITIONS/ COMMENTS:

SECTION A. RAZE PERMIT		
23. Raze Contractor's Name	24. Contractor's Address (including zip code)	25. Contractor's Phone
26. Historic District?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	33. Raze Contractor Signature
27. CFA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28. Raze Entire Building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	34. Property Owner Signature
29. Building Condemned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
30a. Party Wall?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30b. If yes, adjacent property owner signature is required.
31. Building Vacant?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30c. Any raze permit application for a building(s) involving party walls must be include 2 copies of a plan that show how the party wall(s) will be protected.
32. Public Space Vault?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Building must be vacant before Raze Permit issuance
<b>Official Use Only</b>		
Fee _____ By _____ Date _____		
33. Plumber's Name	34. Plumber's License Number	35. Raze Method (ball, bulldozer, by hand, etc.)
<p>1. You must submit a Certificate of Insurance covering the raze operation/contractor—unless the building you plan to raze is an accessory building 500 square feet or less in area and not more than one story, wholly detached from any other building on the same or adjoining premises.</p> <p>2. The Certificate should:</p> <ul style="list-style-type: none"> <li>• Show the holder of the insurance as: Deputy Director, Permit Division, 1100 4th St SW, Washington, DC 20024</li> <li>• Include a 30-day advance notice cancellation clause.</li> <li>• include these amounts of insurance coverage: Bodily Injury, \$100,000; Aggregate, \$300,000; and Property Damage, \$100,000.</li> <li>• State that the insurance covers "Razing Operations in the District of Columbia," if the scope of the insurance is for blanket coverage.</li> <li>• If the insurance is for one specific address only, state that, "Razing Operations at _____ (address of raze operation)"</li> </ul>		
36. Insurance Company	37. Policy or Certificate No.	38. Expiration Date
39. Asbestos in Building?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Official Use Only</b>
If yes, indicate location.		
Fee _____ By _____ Date _____		

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
**CERTIFICATION FOR  
RAZE PERMIT APPLICATION**

This certifies that Portner Place, LLC (referred to as Owner) owns the property at  
(Legal Name of Property Owner)  
1447/1449 U Street, NW and that the person signing below has the legal authority to execute this Certification  
(Property Address)  
and to make the representations and certifications below, on behalf of the Owner.  
I am applying for a Raze Permit for the subject property.  
I understand that the Raze Permit must be issued prior to any raze activity or operations.  
If I do not have a Raze Permit before I start any activity or operations to raze the structure, I will be subject to criminal or civil penalties under District of Columbia laws.  
(Initial here to certify that you have read and understand this paragraph)

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I hereby certify that the structure to be razed is a housing accommodation.  
(is/ is not)  
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**B. Additional Provisions Applicable to Razing of "Housing Accommodations"**  
I agree, in accordance with DC Official Code (DCOC) §§ 42-3506.02(a)-(b) and 14 DCMR § 4400.2, not to use the permits to  
Demolish any housing accommodation or rental unit for the purpose of constructing or expanding a hotel, motel, inn, or other transient residential accommodation.  
Construct or expand a hotel, motel, inn, or other transient residential occupancy on the site of a housing accommodation or rental unit demolished after July 17, 2016.  
(Initial here to certify that you have read and understand this paragraph)

I acknowledge that I must comply with the requirements in the "Tenants Opportunity to Purchase Act," codified in DCOC § 42-3404.02, *et seq.*, and in subchapter VII of the "Rental Housing Act," codified in DCOC §§ 42-3507.01 to 42-3507.03 with implementing regulations in 14 DCMR § 4401. These requirements include, but are not limited to:  
Providing tenants with an opportunity to purchase the housing accommodation, via a written copy of an offer for sale, **before** issuing a Notice to Vacate for purposes of demolition or discontinuance of housing use.  
Providing tenants with a 180-day Notice to Vacate that complies with and notifies each tenant of his/her potential right to relocation assistance.  
(Initial here to certify that you have read and understand this paragraph)

**C. Execution and Certification Applicable to All Applicants**  
I certify that I have read and understand the requirements in this certification and that any representations I made here are true and accurate to the best of my knowledge. If I fail to follow the above requirements, I acknowledge that this application, and any permits issued as a result of it, may be revoked under DCRA's authority and discretion. I acknowledge that I have been advised that failure to get a Raze Permit before I start operations to raze the structure may subject me to criminal and/or civil penalties.

Name of Owner: Jim Campbell Signature: \_\_\_\_\_  
(Print Name of Owner)

Name of Agent: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Print Name of Authorized Agent)



6100 Georgia Avenue NW

(Emery United Methodist Church)



5394 0131 10/07/2004

4319 E Street SE



1441, 1443, 1447, 1449 U Street NW; 1440, 1550 V

Street NW (Portner Place Apartments)